

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/869187

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•			•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51							
2							52							
3		1					53							
4		1					54							
5		2					55							
6		2					56							
7		2					57							
8		2					58							
9		1					59							
10	1						60							
11		1					61							
12		1					62							
13		1					63							
14		2					64							
15		2					65							
16		2					66							
17		1					67							
18		1					68							
19	1						69							
20							70							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL	3						TOTAL IND.							
TOTAL	2						TOTAL DEP.							
TOTAL	2						TOTAL CLAIMS							

Best Available Copy